



CONNECTICUT STATE FIREFIGHTERS ASSOCIATION, INC.

March 3, 2009

Senator Andrea Stillman, Co-Chair Public Safety & Security Committee
Representative Stephan Dargan, Co-Chair Public Safety & Security Committee

My name is Ted Schroll, Legislative Representative for the Connecticut State Firefighters Association. Our Association represents approximately 28,000 career and volunteer firefighters in Connecticut.

The Connecticut State Firefighters Association has some mixed emotions with **Raised House Bill #6541, AN ACT CONCERNING FIREFIGHTER 1 CERTIFICATION REQUIREMENTS.**

While we completely agree that everyone should be competent in performing CPR, and be familiar with AED's, we do not feel that this is the way to accomplish this training. At a meeting of the Education committee of the CSFA on July 24, 2008 this initiative was thoroughly discussed with the Director of Certification of the CFPC. It was determined that the Certification Office is not intending to evaluate CPR & first aid skills. Although these skills are included in the new NFPA 1001 standard, they are considered as skills that are subject to determination of inclusion into a training program based on the local Authority Having Jurisdiction. In the case of Connecticut, this AHJ would effectively be the local fire department.

The Commission on Fire Prevention & Control is charged by statute with the task of promulgating voluntary training standards for the Fire Service. It does not seem probable to add the mandatory requirement contained in Raised Bill #6541 to the voluntary Firefighter 1 program.

FIREFIGHTER 1 IS NOT REQUIRED TRAINING IN CONNECTICUT.

There is certainly merit to providing medical response training for firefighters. However, with a Firefighter 1 program currently consisting of approximately 162 hours of training, we find it difficult to add more programs within this training. It is our understanding that the American Red Cross delivers a professional rescuer CPR course for Adult, Child, & Infant with AED training. The suggested delivery time is 8 hours.

Additionally, is the cost of this additional training. Currently the cost of the Firefighter 1 course at the Regional Fire Schools is between \$500-\$600. One option would be to contract the course to the American Red Cross or the American Heart Association. The American Red Cross course fee is approximately \$80. There would be the additional cost of books (\$40) and pocket masks (\$20) for the students. There would also be additional costs for manikins and AED simulators. It is felt that this training would add approximately \$140-\$150 to the cost of Firefighter 1 training.

Finally, we do not see anything in this bill that offers any funding to offset the costs of providing this additional training. Who will pay for this training? Because of budget constraints, more than \$400,000 of funding to pay for Firefighter 1 training reimbursement has been removed from the CFPC budget as part of the State's deficit mitigation plan. Also, the Firefighter 1 training reimbursement program for the 2010/2011 biennium has been suspended. It has been zero funded for both years. Firefighter training has once again become the burden of the municipality, and in some cases, the individual firefighter. Firefighter 1 training and especially the requirements of this bill truly become an unfunded mandate on the municipalities. We feel that we must oppose this bill.

We thank you for the opportunity to provide this testimony.

Respectfully Submitted,

Ted Schroll, Legislative Representative
Connecticut State Firefighters Association



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My name is Ted Schroll, Legislative Representative for the Connecticut State Firefighters Association. Our Association represents approximately 28,000 career and volunteer firefighters in Connecticut.

The Connecticut State Firefighters Association wishes to go on record in support of **Raised Senate Bill #1010, AN ACT CONCERNING EXPOSURE TO INFECTIOUS DISEASES AND EMERGENCY RESPONDERS.**

Although preventing exposures to blood and body fluids is the primary means of preventing occupationally acquired Human Immunodeficiency Virus (HIV) infection, appropriate post exposure management is an important element of workplace safety. The Connecticut Department of Labor Occupational Safety & Health Administration (CONNOSHA) requires municipal employees to have a plan in place to prevent and react to workplace exposures. Medical protocols require that post exposure prophylaxis should be initiated as soon as possible, ideally within two hours and generally no later than 36 hours post-exposure.

This bill is seeking a legislative solution at this time due to changes to the federal law that previously governed the manner in which response agencies could seek information. As background, the original Ryan White law Sections 2681-2690, passed in 1990 (Public Law 101-381, Section 411) containing emergency response provisions for notification of possible exposure to infectious diseases, were not included in the 2006 Reauthorization. These provisions require emergency response employers (i.e., fire departments, police departments, emergency medical services) to have a "designated officer" to field calls from employees regarding possible exposures to communicable diseases and obtain the disease status of the patients in those exposures from the medical facility providing treatment to the patient. This language was included in subsequent reauthorizations of the Ryan White law until 2006, when Public Law 109-415 eliminated them.

Hospitals have been historically poor communicators of this information even when the federal law was in effect. The only leverage the first responders have had to obtain the necessary information was the Ryan White provisions. Without accurate source testing, first responders upon an exposure must endure a one-year period of evaluations and in some cases are put on prophylaxis medication for HIV. This is simply not fair to the people we expect to be there when we have a medical emergency or serious injury. This is a no-cost issue to the hospitals and will save employers of first responders in Connecticut workers' compensation costs associated with unnecessary treatment when no information is available regarding the source patient in an exposure incident. It is expected that with the passage of this initiative, we can treat people properly when they have an exposure.

We thank you for the opportunity to provide this testimony.

Respectfully Submitted,

Ted Schroll, Legislative Representative
Connecticut State Firefighters Association